

UNIT MODIFICATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.		Date Filed:
INSTRUCTIONS: A petition for unit modification must be filed with the appropriate PERB regional office (see PERB Regulation 32075). A petition which is not jointly filed must be served on all parties as required by PERB Regulation 32781(f). Proof of service must accompany the petition. Attach additional sheets if more than one exclusive representative and/or more than one established unit is affected by the unit modification petition, or additional space is required.		
1. The employer of the employees in the established unit is an	n employer within the meaning of the:	
Educational Employment Relations Act (EERA) (Govt	t Code sections 3540-3549.3).	
Higher Education Employer-Employee Relations Act (HEERA) (Govt Code sections 3560-3599).		
Ralph C. Dills Act (Dills Act) (Govt Code sections 3512-3524).		
2. <u>EMPLOYER</u> (Name, address and telephone number)	Employer's agent to be cont	acted:
	Title:	
	Address and telephone, if different	:
() Ext.	()	Ext.
3. EXCLUSIVE REPRESENTATIVE (Name, address and telephone number)	Agent to be contacted:	
	Title:	
	Address and telephone, if different:	
	Address and telephone, if different.	
_	-	
	_	
() Ext.		Ext.
4. TYPE OF PETITION (Check each category which applies.)		
The following types of petitions may be filed by the <u>exclusive representative(s) only</u> (proof of support may be required):		
32781(a)(1)32781(a)(2)32781(a)(3)32781(c)		
The following types of petitions may be filed by the employer, the exclusive representative or both parties jointly:		
32781(b)(1)32781(b)(2)32781(b)(3)32781(b)(4)		
5 DETITION FILED DV. (Charles and and a	ADDDOVIMATE NUMBED	7 NUMBER OF EMPLOYEES INVOLVED
• •	APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:	7. NUMBER OF EMPLOYEES INVOLVED IN THE MODIFICATION REQUEST:
Both (or all) Parties		IN THE MODIFICATION REQUEST.
Exclusive Representative Employer		
Employer		
8. DESCRIPTION OF ESTABLISHED UNIT:		

Los Angeles Regional Office 3530 Wilshire Blvd., Suite 650 Los Angeles, CA 90010-2334 (213) 736-3127 Sacramento Regional Office 1031 18th Street, Suite 102 Sacramento, CA 95814-4174 (916) 322-3198 San Francisco Regional Office 177 Post Street, Suite 900 San Francisco, CA 94108-4737 (415) 439-6940

9. DATE EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED	D OR CERTIFIED:
10. IF A CURRENT WRITTEN AGREEMENT/MEMORANDUM INDICATE:	OF UNDERSTANDING EXISTS COVERING THE ESTABLISHED UNIT(S),
AGREEMENT/MOU EFFECTIVE DATE:	EXPIRATION DATE:
11. DESCRIPTION OF THE UNIT MODIFICATION REQUESTED	<u>D</u> :
12. STATEMENT OF REASONS FOR THE REQUEST TO MODIL 13. ANY OTHER ORGANIZATION(S) KNOWN TO HAVE AN I PETITION: Name of Organization:	INTEREST IN REPRESENTING ANY EMPLOYEES COVERED BY THIS Address:
Telephone: ()	
	DECLARATION
I declare that the statements herein are true to the best of my knowled NAME OF PETITIONING PARTY:	
NAME OF PETITIONING PARTY:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE: Title:	Date:
NAME OF PETITIONING PARTY:	
Title:	